

**EXHIBIT 8– FMCSA MOTOR CARRIER REPORT ON INSURANCE
HISTORY FOR ONE WAY HAULING**

FMCSA Motor CarrierUSDOT Number: **2479972**Docket Number: **MC858994**Legal Name: **ONE WAY HAULING EXPRESS CO**

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74TRS088600	Coverage From	\$0	To: \$750,000
Effective Date From: 09/20/2018	To: 11/21/2018	Disposition: Cancelled	

Insurance Carrier **NATIONAL INDEMNITY COMPANY OF THE SOUTH**
 Attn: **FILING ADMINISTRATOR**
 Address: **1314 DOUGLAS STREET, SUITE 1400**
OMAHA, NE 68102-1944 US
 Telephone: **(866) 720 - 7861** Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74TRS088600	Coverage From	\$0	To: \$750,000
Effective Date From: 09/20/2018	To: 10/26/2018	Disposition: Replaced	

Insurance Carrier **NATIONAL INDEMNITY COMPANY OF THE SOUTH**
 Attn: **FILING ADMINISTRATOR**
 Address: **1314 DOUGLAS STREET, SUITE 1400**
OMAHA, NE 68102-1944 US
 Telephone: **(866) 720 - 7861** Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74TRS088600	Coverage From	\$0	To: \$750,000
Effective Date From: 10/26/2018	To: 05/05/2019	Disposition: Cancelled	

Insurance Carrier **NATIONAL INDEMNITY COMPANY OF THE SOUTH**
 Attn: **FILING ADMINISTRATOR**
 Address: **1314 DOUGLAS STREET, SUITE 1400**
OMAHA, NE 68102-1944 US
 Telephone: **(866) 720 - 7861** Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: 74TRS100541	Coverage From	\$0	To: \$750,000
Effective Date From: 05/05/2019	To: 06/14/2019	Disposition: Replaced	

Insurance Carrier **NATIONAL INDEMNITY COMPANY OF THE SOUTH**
 Attn: **FILING ADMINISTRATOR**
 Address: **1314 DOUGLAS STREET, SUITE 1400**
OMAHA, NE 68102-1944 US
 Telephone: **(866) 720 - 7861** Fax:

FMCSA Motor CarrierUSDOT Number: **2479972**Docket Number: **MC858994**Legal Name: **ONE WAY HAULING EXPRESS CO**

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: Z-35726	Coverage From	\$0	To: \$1,000,000
Effective Date From: 06/14/2019	To: 10/12/2019	Disposition: Cancelled	

Insurance Carrier **OLD REPUBLIC INSURANCE COMPANY**
 Attn:
 Address: **307 N. MICHIGAN AVE. 17TH FLOOR**
CHICAGO, IL 60601 US
 Telephone: **(800) 621 - 0365** Fax: **(724) 834 - 4025**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: ISAH25290112	Coverage From	\$0	To: \$1,000,000
Effective Date From: 10/01/2019	To: 11/01/2020	Disposition: Cancelled	

Insurance Carrier **ACE AMERICAN INSURANCE COMPANY**
 Attn: **VIRGINIA BOYLES**
 Address: **436 WALNUT STREET**
PHILADELPHIA, PA 19106 US
 Telephone: **(800) 433 - 0385** Fax: **(215) 640 - 4986**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: ISAH25290112	Coverage From	\$0	To: \$1,000,000
Effective Date From: 10/01/2019	To: 10/05/2020	Disposition: Replaced	

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 Attn: **VIRGINIA BOYLES**
 Address: **436 WALNUT STREET**
PHILADELPHIA, PA 19106 US
 Telephone: **(800) 433 - 0385** Fax: **(215) 640 - 4986**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: ISAH25290112	Coverage From	\$0	To: \$1,000,000
Effective Date From: 10/01/2019	To: 10/01/2019	Disposition: Replaced	

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